PTO/SB/17 (0x/08)
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	Complete If Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/522,111					
FEE TRANSMITTAL				Filing Date		January 25, 2005			
for FY 2007				First Named inv	entor Franci	Franck Abelard			
10 2001				Manth	Heather Rae Jones				
			~ 050 4 27	Examiner Name	2621				
☐ Applicant claim:	s small entity	status. See 3	7 CFR 1.27	Art Unit	PF020	007			
TOTAL AMOUNT OF	PAYMENT	(\$) 940.0	0	Attorney Docke	No. PPUZU	091			
		CUSTO	MER NIMA	BER: 24498					
ETHOD OF PAYMENT (dit card	Money Or		☐ None	Othe	Γ (please identify):			
Check Cre	juit care _	,oo,				THOMSO	NUCENS	RINGILC	
Deposit Accoun	t: Deposit Acc	ount Number 07	-0832	Deposit Acc	(check all that	apply)	:		
For the above-ide	ntified deposi	t account, the L	NLECTO1 IS 11616F	Charg	e fee(s) indic	ated below, ex	xcept for	the filing fee	
⊠ Charge fe ⊠ Charge ar	ıv additiona	i fee(s) or und	erpayments o		any overpayi		•		
fee(s) under	37 CFR 1.10	5 and 1.17	ue Ceedii card l	Information shou	ld not be include	ed on this form.	Provide cre	dit card	
VARNING: Information Information and author	on this form i Ization on PTC	nay become pur 0-2038.	inc. Of care out wit						
EE CALCULATION	(All the fees	below are due	upon filing o	r may be subje	ct to a surcha	ge.)			
. BASIC FILING, SE			1 FEES				:		
, BASIC FICINO, OL	FILING FEES		ŞEAR	RCH FEES Smal <u>) Ent</u>		EXAMINATION FEES Sm		nall Entity	
	Eng (E)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee_(\$) Fee	<u>(\$)</u> [ees Pald (\$)	
Application Type	Fee (\$) 300	150	500	250	200	10	00		
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Plant	200	100	300	150	160		30 _		
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2. EXCESS CLAIM F	EES					<u>s</u>	mall Entit		
Fee Description						Fee (\$)	FE	<u>∍n (\$)</u> 25	
Each dalm over 20 (including Reissues)						60 25 200 100			
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Multiple dependent ciali Total Claims	- or HP = x \$50		Fee (\$)	Fee Paid (\$)	l	Multiple Dependent Claims			
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3. APPLICATION S If the specification a	ZE FEE	1400		veludina elactro	nically filed sec	uence or comp	uter		
11-41-12-12-27 CE	D 4 52/A\\ th	e ecolication si	ze fee due is Si	250 (5125 tor sr	nall entity) for 6	ech additional	50 ·		
sheets or fraction th	ereof. See 35	U.S.C. 41(a)(1)(G) and 37 CF	R 1.16(s).					
Total Sheets	Extra S	heets 1	lumber of eac	h additional 50	or fraction the	ereof <u>Fe</u>	e (\$)	Fee Paid (\$)	
- 100		/ 50 =	(re	ound up to a wh	note number) x			=	
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4 ATUED EEE/6	`							Fees Pald (
4. OTHER FEE(S Non-English Specifi	cation, \$130	fee (no small er	ntity discount)						
Other (e.g., late filin	g surcharge):	FEE FOR ON	E MONTH E	XTENSION - 9	\$130.00			\$940.00	
	•	RCE FEE		-:	\$810.00	·			
SUBMITTED BY	DEIXOF.	ICA IN	Registration No. (Attorphy/Agent)		12,804	Telephone	 (609) 73	4-6813	
Name (Print/Type) REITSENG/LIN (Attor/by/Agent)					,	March 25, 2009			
Signature	1 1/2	17-1	77. (an apparation. O		